INS. 1301-93

## MARK O'KEEFE

## STATE AUDITOR AND COMMISSIONER OF INSURANCE P.O. BOX 4009

## HELENA, MONTANA 59604-4009 TELEPHONE (406) 444-2040 / MONTANA TOLL FREE 1-800-332-6148

## INSURANCE INQUIRY/COMPLAINT FORM

In response to your recent request for assistance we are sending our insurance Report Form. Please complete this form and mail to: MARK O'KEEFE, STATE AUDITOR AND COMMISSIONER OF INSURANCE, P.O. Box 4009, Helena, Montana 59604-4009. It often takes several weeks for the Department to complete the review and take appropriate action. You will hear from a Compliance Specialist in writing as soon as the review is completed.

Your Name	Phone No	
Address(City)	(State)	(Zip Code)
Date of Birth		
Social Security #		
Insurance Company's NamePolicy No	Claim No	
Kind of Policy: Auto Life He		
Agent's name	Date of Loss	
1 The company has unfairly rejected	COMPANY my claim or has not pai sing my claim and I am remium moneys that ar cancellation or non-rer u? If not, in y al sheets. Enclose copi	your own words, describe your problem. es of papers and other correspondence
Signature		Date

Use Reverse for Additional Comments